STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics.

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: STEPHEN PATRICK HANLEY	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 67 LINCELN AVE,	
CITY: CARDINER	Member of the Senate, District
ZIP CODE: <u>04345</u>	
PHONE NUMBER: 562-9073	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the <u>Clerk of the House or the Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed</u>.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer Address Activity of Employer Activity Activity of Employer Activity of Employer Activity of Employer Name and Address of Your business, if any, and list the major areas of economic activity from which you derivore. If associated with a partnership, firm, professional association, or similar business entity, list the major areas economic activity of Business Entity Name and Address Activity Major Areas of Economic Activity (partnership, association or similar business entity (partnership, association or similar business entity Activity of Business Entity Activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional chies specify only the principal type of economic activity of the entity or person from whom the income was derived. Principal Type of Economic Activity of Employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom the income was derived. Address Address Address Activity of Employed Address Activity of Employed Address Activity of Employed Address Activity of Employed Address of Fine Major Areas of Practice (self) Major Areas of Practice (self) Major Areas of Practice (self)	•		Principal Type of Economic
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts 1, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income	
1 PREPERTY REMIAL	44 DAHRAMA (JARDANER)	INVESTMENT.	
2	160 WATER, RANDOW	11	
3. STATE STREET RE	DREMENT SORVICE, S.S.T.	PENSION	
	EPORTABLE LIABILITIES. List the na uring the reporting period, and list the major are, so state.		
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor	
1.	· · · · · · · · · · · · · · · · · · ·		
2. NONE			
3			
1. NONE	from a single source. If none, so state. 3.		
Z	4	 	
PART VII. DISCLOSURE OF related to your official duties. If no	HONORARIA. List the source of any horne, so state.	oraria accepted for appearances or speeches	
1. NONE	3		
2	4	<u> </u>	
PART VIII. REPRESENTATIO you represented or assisted others for	ON BEFORE STATE AGENCIES. Identify or compensation of any amount. If nonc, so sta	each executive branch agency before which	
1. NONE	3		
2	4		

				during the reporting period. If none, so stat	
1	NONE		2		-
PART X. INC	COME RECEIVED	BY MEMBERS OF I	IMMEDIATE FAM	TILY.	
child(ren) duri:	ng the reporting perio	presenting each source of and the kind of incor beside sources of incor	ne re pre sented. Do i	or more received by your spouse or dependent of include gifts. Indicate (S) beside source adent(s).	dent es of
Representi	conomic Activity ng Each Source of ne Received			Kind of Income	
1. REAL	PSAC S	ALES		EMPLOYMENT	
2.	_			1	
3.	·				
4.			ॏ॓ ख़॓ॖख़ॾॹढ़ॿढ़ॗॖॖॗॣॗॗॗॗॗॿढ़ॗॿढ़ॗॿढ़ॗॿॿॿॿॿॿॿॿॿॿॿॿॿॿॿॿॿॿ		
4.					
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appears tha Attorney Go statement of interest on o branch of th who willfull	t a Legislator has eneral. If the Conr has willfully file every question and tegislature, and y fails to file a rec	willfully filed a fals amission determine d a false statement, I shall be precluded d shall not attempt	se statement, it shes that a Legislator she Legislator she from voting on to influence the couplect to a civil	e. If the Commission concludes that hall refer its findings of fact to the or has willfully failed to file a requireal be presumed to have a conflict of any question in committee or in eitleutcome of any question. A Legisla penalty not to exceed \$1,000, payab	red of her tor
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